

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/890641**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	12						53		
4	67						54		
5	19						55		
6	67						56		
7	10						57		
8	/						58		
9	1						59		
10	12						60		
11	2						61		
12	2						62		
13	1						63		
14	1						64		
15	1						65		
16	1						66		
17	1						67		
18	1						68		
19	1						69		
20	1						70		
21							71		
22							72		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	18	←		→		↓	TOTAL DEP.	↓	→
TOTAL CLAIMS	10	10	10	10	10	10	TOTAL CLAIMS	10	10

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS